HAND DELIVERED

Page 1 of 4

UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	77 83:01:19 S1 AW, 5123
Name: Gregory W. Mecks Day	Daytime Telephone: 202 325・3461	S.H.JSE CF (E. V.S.S.H.JSE)  8. H.JSE CF (E. V.S.H.JSE)  8. H.JSE CF
FILER Member of the U.S. State: N X STATUS House of Representatives District: 0.5	Officer or Employing Office:	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2018 Annual (Due: May 15, 2019)	Amendment Termination  Date of Termination:	ination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QU	QUESTIONS	
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	rangement with an Yes No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction  Yes  exceeding \$1,000 during the reporting period?	No Source during the reporting period?  G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	d receive any Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$330 in value from a single source during the reporting period?	d receive any taling more than Yes No norting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	No  I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	ation to charity in article during the Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	m	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TI	OR TRUST INFORMATION - ANSWER EACH OF	ANSWER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	ing during the reporting period? If you answered "yes" to this que	estion, please Yes No X
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	cs and certain other "excepted trusts" need not be disclosed. Have you excluded	ve you excluded Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or you all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	, transactions, or liabilities of a spouse or your dependent child because they meet ne Committee on Ethics.	scause they meet Yes No X

## SCHEDULE C -- EARNED INCOME

Name: Gregory W. Meeks Page 2 of 4

ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, lies source and amount of any honoraria: list only the source for other spouse earned income exceeding \$1,000. See examples below.	
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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	d at or above the "senior staff" rate was \$ relationship) are totally prohibited.	28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
NY STATE HOMES AND COMMUNITY RENEWAY S	P0 U	N/A
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## SCHEDULE D - LIABILITIES

Name: Gregory W. Meeks Page 3 of 4

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of one to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \*Column K is for liabilities held solely by your spouse or dependent child.

77	14:	2	++		SP. DC. JT		
	700	1 G	osado	Example			
	HOUR IN TUNKTHAMPS, 6/10	Chase	150	First Bank of Wilmington, DE	Creditor		
	6//0	10/06	10/6	5/16	Date Liability Incurred MO/YR		
	ST ALBANS RESIDINE	ST. ALBANY (LES) DON'S	ST. ALBANS PESIDENE	Mortgage on Rental Property, Dover, DE	Type of Liability		
	2	1	(3		\$10,001- \$15,000	>	
	>	<			\$15,001- \$50,000	Φ	
		X			\$50,001- \$100,000	o	
				×	\$100,001- \$250,000	D	
					\$250,001- \$500,000	m	Amount of Liability
			X		\$500,001- \$1,000,000	π	of L
					\$1,000,001- \$5,000,000	o	ability
					\$5,000,001- \$25,000,000	<b>*</b>	
					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	٠,	
- 1				1	Over \$1,000,000* (Spouse/DC Liability)	*	1

## SCHEDULE E - POSITIONS

Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

, , ,	
100 BLACK MENY NY CHAPTER	Board Member
Name of Organization	Position

## SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, Chira-DC	Υ	~	Z
Examples:	Hadital for Humanity (charity fundraiser)	Mar, 3-4	DC-Boston-DC	~	<b>~</b>	~
Cors	Consumer Technology Assoc	JAN 11-13	DC-LASUEUMS-NUC	~	4	2
GOVER		MAR 23-29	MAR 23-29 DC-AMSTERDAM - NYC	۷.	<-	5
MECEA	2.EA			-	~	
(J25)	German Marshall Fund of APR 4-9	APR 4-9	NYC-COLORADO SPRINGS-NY	) YC Y	۷	ح
theu	+heus. Robert Bosch Stifting	مرا		_	•	
G- Jab	al Paverty Project abo	10V-30-	PC-TOHANNESBURG-DC	~	<	ح
G-10 ba	Global Citizen + Global Funt DEC 4	p6C 4			•	
to f	to Cight Aids, TB+ Malaria					